

2328

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
City of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>109</u>	
County of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>109 110</u>	
Number of <u>1</u>		Local Registrar's No. <u>109 110</u>	
Sex of <u>Male</u>	(No. <u>1</u>)	St. <u>Globe</u> Ward <u>1</u>	
NAME OF CHILD <u>Henry Castells</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/>	
Sex <u>Male</u>	Twin, Triplet or other <u>None</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>
Date of Birth <u>Feb. 20 1922</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Enrique Castells</u>		Full Name <u>Lupe Morones</u>	
Residence <u>Globe, Arizona</u>		Residence <u>Globe, Arizona</u>	
Age at last Birthday <u>37</u> (Years)		Age at last Birthday <u>23</u> (Years)	
Color or Race <u>Mexican</u>		Color or Race <u>Mexican</u>	
Birthplace <u>Mexico</u>		Birthplace <u>Mexico</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child, and that it occurred on <u>Feb. 20 1922</u> , at <u>P.M.</u>			
*When there is no attending physician or midwife, then the householder could make this return.		(Signature) <u>Alvin Kimmel M.D.</u> (Attending physician, midwife, householder.)	
Given or Christian name added from a supplemental report <u>192</u>		Address <u>Globe, Arizona</u>	
Filed <u>Mar 30 1922</u>		LOCAL REGISTRAR.	
836-220-342		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	